



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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MEMORANDUM

DATE: February 13, 2004

TO: Long Term Care Facilities

FROM: MDCIS/Clinical Advisory Panel
Quality Improvement Nurse Consultants

SUBJECT: Process Guidelines for Medication Management and Reduction of Adverse Drug Reactions

Best clinical practice is only worthwhile to the extent that we use it to guide care for our residents.

Collaboratively, our current focus areas include improving efforts directed toward the use of medications and the reduction of adverse drug reactions within long term care facilities in Michigan. The purpose of the following instructions is to clarify how to apply the Documentation Checklist: Process Guidelines for Medication Management and Reduction of Adverse Drug Reactions. The original documents were first presented at the Fall 2002 Joint Provider/Surveyor Training on October 22, 2002. The effective date for usage of the tool was November 1, 2002. This optional "best practice" tool was revised February 2004 and is available on the Quality Improvement Nurse Consultant website: www.michigan.gov/qinc.

If a concern about use of medication or adverse drug reaction is triggered during the survey process, the facility will be given the opportunity to demonstrate that it has followed the steps in this checklist, as evidence to support an appropriate care process related to medication management and reduction of adverse drug reactions.

A workgroup including doctors, nurses, and consultant pharmacists with experience in geriatrics and nursing home care discussed in depth the topic of medication management and adverse drug reactions in the long term care population. They used available references to help them prepare the process guidelines.

Clinical practice information as contained in this process guideline helps each facility provide the best possible care throughout the year. Along with the federal OBRA regulations, our surveyors will use these process guidelines to review how your facility is managing medication related concerns.